

GAMBLING CONTROL UNIT GAMES OF CHANCE MONTHLY REPORT FOR DISTRIBUTOR MGCU - 6200

1. This report is for the month of			20
2. Name	of Licensee:		
3. List below those organization receiving implements of Games of Chance from you firm:			
DATE	ORGANIZATION	ADDRESS	ITEMS SUPPLIED (Type and Quantity)
		-	
4. I warr	ant the truth of this statement	and all attached pages of	
Signed:		Date:	
Print Name:		Title:	

NOTE: If more space is needed, attach additional signed pages